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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ÷                                | CLAI                                | MS AS FILE                                  |           |                                          |                      | SMA                 | LL   | ENTITY                 |            | OTHE                | R THAN                 |
| F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OR                               |                                     | (Column 1)  NUMBER FILED                    |           | (Column 2) NUMBER EXTRA                  |                      | 7 — <sup>TYF</sup>  |      |                        | OR         | SMALL               | ENTITY                 |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                     | 35 35 M.C.                                  |           |                                          |                      | RAT                 | E    | FEE                    | ]          | RATE                | FEE                    |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ASIC FEE                         |                                     | · ·                                         |           |                                          |                      |                     |      | 380.00                 | OR         | W st                | 760.00                 |
| T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OTAL CLAIMS                      |                                     | 88 <b>9</b> min                             | us 20=    | • 6                                      | 8                    | X\$ 9               | )=   |                        | OR         | X\$18=              |                        |
| IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DEPENDENT (                      | CLAIMS                              | 9 mir                                       | nus 3 =   | • 6                                      |                      | X39                 | ┇    |                        | -          | 100                 |                        |
| M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MULTIPLE DEPENDENT CLAIM PRESENT |                                     |                                             |           |                                          |                      |                     |      |                        | OR         |                     |                        |
| -<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | f the differenc                  | e in colum                          | n 1 is less that                            | zero e    | enter "O" in                             | nter "0" in column 2 |                     | )=   |                        | OR         | +260=               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                     |                                             |           |                                          | COMMINI Z            | TOTA                | IL   |                        | OR         | TOTAL               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | CLAIMS<br>(Colun                    | AS AMEND                                    | 2.2       | ART II<br>Column 2)                      | (Caluma 0)           | SMAI                | 1 6  | NTITY                  | 00         | OTHER               |                        |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  | CLAI                                | VIS                                         |           | HIGHEST                                  | (Column 3)           | 1 -                 |      |                        | OR         | SMALL               | _                      |
| A INCHES A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | REMAI!<br>AFTE<br>AMEND             | A                                           | PF        | NÚMBER<br>REVIOUSLY<br>PAID FOR          | PRESENT<br>EXTRA     | RATI                |      | ADDI-<br>TIONAL<br>FEE | •          | RATE                | ADDI-<br>TIONAL<br>FEE |
| <u>5</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total                            | 88                                  | Minus                                       | -         | 88                                       | = #                  | X\$ 9:              | -    | - 40,5%                | OR         | _X\$18=             |                        |
| į                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                      | . 9                                 | Minus                                       | ***       | 3                                        | 6                    | X39=                | 1    |                        | OR         | 7X78=               |                        |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FIRST PRES                       | ENTATION                            | OF MULTIPLE (                               | PEPEND    | ENT CLAIM                                |                      |                     | ╁    |                        | OH         | 11.00               |                        |
| and the first of the first of the second of |                                  |                                     |                                             |           |                                          |                      |                     |      |                        | OR         | +260=               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                     | 0                                           |           |                                          |                      | TOT.                | _    |                        | OR         | TOTAL<br>ADDIT, FEE |                        |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | CLAIN<br>REMAIN<br>AFTE<br>AMENDM   | IING<br>R                                   | PR        | IIGHEST<br>IUMBER<br>EVIOUSLY<br>AID FOR | PRESENT<br>EXTRA     | RATE                |      | ADDI-<br>IONAL<br>FEE  |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| ľ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total                            | . 8                                 | 8 Minus                                     | **        |                                          | . 0                  | X\$ 9=              |      |                        | OR         | X\$18=              |                        |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FINST PRESE                      | NIAHON                              | OF MULTIPLE D                               | EPEND     | ENT CLAIM                                |                      | <b>—</b> —          | ╅    |                        | Un.        |                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                     |                                             |           |                                          |                      | +130=               |      |                        | OR         | +260=               |                        |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | (Column                             |                                             | (Cc       | lumn 2)                                  | (Column 3)           |                     |      |                        |            |                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | CLAIM<br>REMAINI<br>AFTEF<br>AMENDM | NG                                          | PRE       | IGHEST<br>UMBER<br>EVIOUSLY<br>ND FOR    | PRESENT<br>EXTRA     | RATE                | TI   | DDI-<br>ONAL<br>FEE    | I          | RATE                | ADDI-<br>TIONAL<br>FEE |
| ь                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total                            | •                                   | Minus                                       | **        |                                          |                      | X\$ 9=              | T    |                        | OR         | X\$18=              | 155                    |
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| H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | the entry in colum               | nn 1 is lass t                      | han the entry in co                         | lumn 2 w  | rite "O" in colo                         | ımo 3                | <b>+130</b> =       | !    |                        | DB         | +260=               |                        |
| 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the "Highest Nun                 | nber Previou<br>nber Previou        | sly Paid For' (N T)<br>Isly Paid For' IN TI | IIS SPAC  | E is less than<br>F is less than         | 20, enter "20."      | TOTAL<br>ADDIT. FEE |      |                        |            | TOTAL<br>DDIT. FEE  |                        |
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Application or Docket Number